

PROPERTY AND CASUALTY INSURERS QUARTERLY PREMIUM TAX PAYMENT DUE DATE: APRIL 15, 2007

NAIC #	Check Number:	
	QUARTERLY TAX PAYMENT CALCULAT	ION:
Mail payment to: Montana Ins. Dept.	'06 premium tax liability (#6 from tax return) or 90% of anticipated 2007 tax Less allowable deductions (See instructions on reverse)	\$ \$()
840 Helena Ave. Helena, MT 59601	3. Total 2007 quarterly pre-payment (line #1 - #2)	\$
	4. Enter 25% of the amount on line #3	\$
	5. Amount of 2006 overpayment applied to this payment (see line #38 of the tax return)	\$()
	6. QUARTERLY AMOUNT REMITTED (#4 - #5)	\$(Instructions on Reverse
SAI-23 (10/06)		
	PROPERTY AND CASUALTY INSURED	
State of Montana	QUARTERLY PREMIUM TAX PAYMEN DUE DATE: JUNE 15, 2007	NT
	QUARTERLY PREMIUM TAX PAYMEN	NT
Insurer Nam	QUARTERLY PREMIUM TAX PAYMEN DUE DATE: JUNE 15, 2007	NT
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Insurer Nam NAIC #	QUARTERLY PREMIUM TAX PAYMENDUE DATE: JUNE 15, 2007 e: Check Number: QUARTERLY TAX PAYMENT CALCULAT 1. '06 premium tax liability (#6 from tax return) or 90% of anticipated 2007 tax	TION: \$
Insurer Nam NAIC #	QUARTERLY PREMIUM TAX PAYMENDUE DATE: JUNE 15, 2007 e: Check Number: Check Number: QUARTERLY TAX PAYMENT CALCULAT 1. '06 premium tax liability (#6 from tax return) or 90% of anticipated 2007 tax 2. Less allowable deductions (See instructions on reverse)	TION: \$\$(
Insurer Nam NAIC #	QUARTERLY PREMIUM TAX PAYMENDUE DATE: JUNE 15, 2007 e: Check Number: Check Number: QUARTERLY TAX PAYMENT CALCULAT 1. '06 premium tax liability (#6 from tax return) or 90% of anticipated 2007 tax 2. Less allowable deductions (See instructions on reverse) 3. Total 2007 quarterly pre-payment (line #1 - #2)	TION: \$ \$(
Insurer Nam	QUARTERLY PREMIUM TAX PAYMENDUE DATE: JUNE 15, 2007 e: Check Number: Check Number: QUARTERLY TAX PAYMENT CALCULAT 1. '06 premium tax liability (#6 from tax return) or 90% of anticipated 2007 tax 2. Less allowable deductions (See instructions on reverse)	TION: \$\$(



PROPERTY AND CASUALTY INSURERS QUARTERLY PREMIUM TAX PAYMENT DUE DATE: SEPTEMBER 15, 2007

NAIC #	Check Number:	
QUARTERLY TAX PAYMENT CALCULATION:		
Mail payment to:	1. '06 premium tax liability (#6 from tax return)	\$
Montana Ins. Dept.	or 90% of anticipated 2007 tax 2. Less allowable deductions (See instructions on reverse)	\$()
840 Helena Ave. Helena, MT 59601	3. Total 2007 quarterly pre-payment (line #1 - #2)	\$
	4. Enter 25% of the amount on line #3	\$
	5. Amount of 2006 overpayment applied to this payment (see line #38 of the tax return)	\$()
	6. QUARTERLY AMOUNT REMITTED (#4 - #5)	\$(Instructions on Reverse)
SAI-23 (10/06)		(instructions on Reverse)



PROPERTY AND CASUALTY INSURERS QUARTERLY PREMIUM TAX PAYMENT DUE DATE: DECEMBER 15, 2007

Insurer Name:_____

NAIC #	Check Number:	
	QUARTERLY TAX PAYMENT CALCULAT	ION:
Mail payment to:	1. '06 premium tax liability (#6 from tax return) or 90% if anticpated 2007 tax	\$
Montana Ins. Dept.	2. Less allowable deductions (See instructions on reverse)	\$()
840 Helena Ave. Helena, MT 59601	3. Total 2007 quarterly pre-payment (line #1 - #2)	\$
	4. Enter 25% of the amount on line #3	\$
	5. Amount of 2006 overpayment applied to this payment (see line #38 of the tax return)	\$()
	6. QUARTERLY AMOUNT REMITTED (#4 - #5)	\$(Instructions on Reverse)

SAI-23 (10/06)

QUARTERLY TAX PAYMENT INSTRUCTIONS:

Line #2 Instructions:

The quarterly amounts should be reduced by subtracting the following allowable deductions:

Tota	al allowable deductions to transfer to line #2 (on front):	\$
B.	Montana Comprehensive Health Association assessments: (excluding HIPAA Plan liability assessments)	\$
A.	Anticipated 2007 tax offsets (20% of Montana Life and Healt Association assessments paid during tax years 2002-06):	th Insurance Guaranty \$

Other Instructions:

Do not combine amounts for affiliated companies on a single check.

If the amount on line #3 is zero or a negative amount: Enter zero on line #3 and #6 on all 4 payment vouchers and return all 4 vouchers to this office by April 15, 2007.

If insurer deems the total 2007 quarterly pre-payment requirement on line #3 to be a minimal amount (less than \$100), combine all 4 payments in one check, complete all 4 vouchers and submit the payment on or before April 15, 2007.

If premium writings have declined from the previous year, you may substitute the amount on line #1 with an amount equaling 90% of the 2007 anticipated premium tax.

If you have any questions please contact our office at (406) 444-2040.

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В.	Montana Comprehensive Health Association assessments: (excluding HIPAA Plan liability assessments)	\$
Tot	al allowable deductions to transfer to line #2 (on front):	\$

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